

Christopher Morley, *Human Being, A Story*, 1932:

“...the most astounding achievement of society has been to train millions of people to think they believe certain ideas which they often don't believe at all.”

1. We ***know*** that very high levels of air pollution are acutely lethal.
2. We have been ***told*** that current levels are demonstrably lethal too.
3. We have been ***told*** that the lethal agents in the fatal episodes of air pollution are ***particulate matter*** (otherwise unspecified), and ***sulfur dioxide***.
4. We have been ***told*** that this lethality, due to particulate matter and/or sulfur dioxide, has no threshold in its dose response relationship – that there are ***no safe levels of exposure*** to particulate matter.

But do we ***believe*** what we are told?

London, daylight, early December 1952



London December 1952

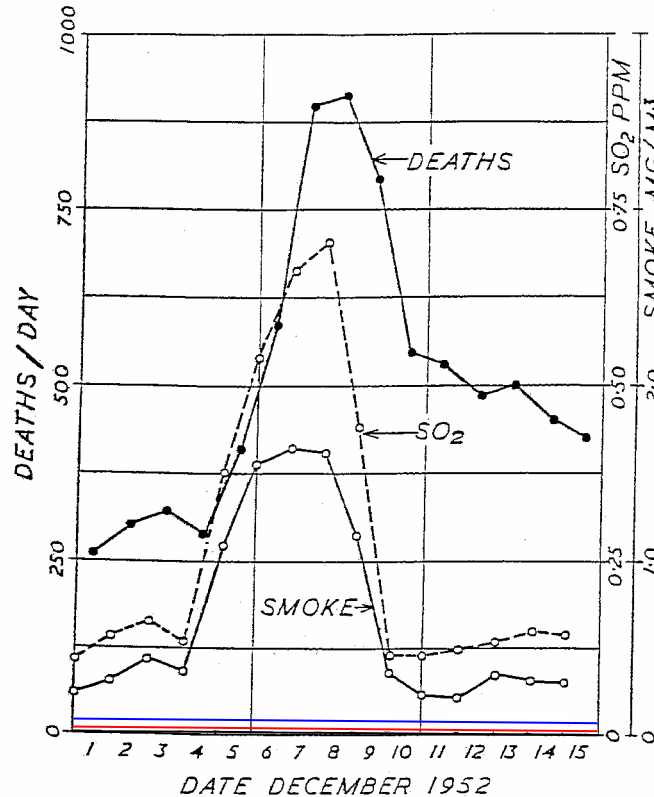


Fig. 4. Daily Air Pollution and Deaths

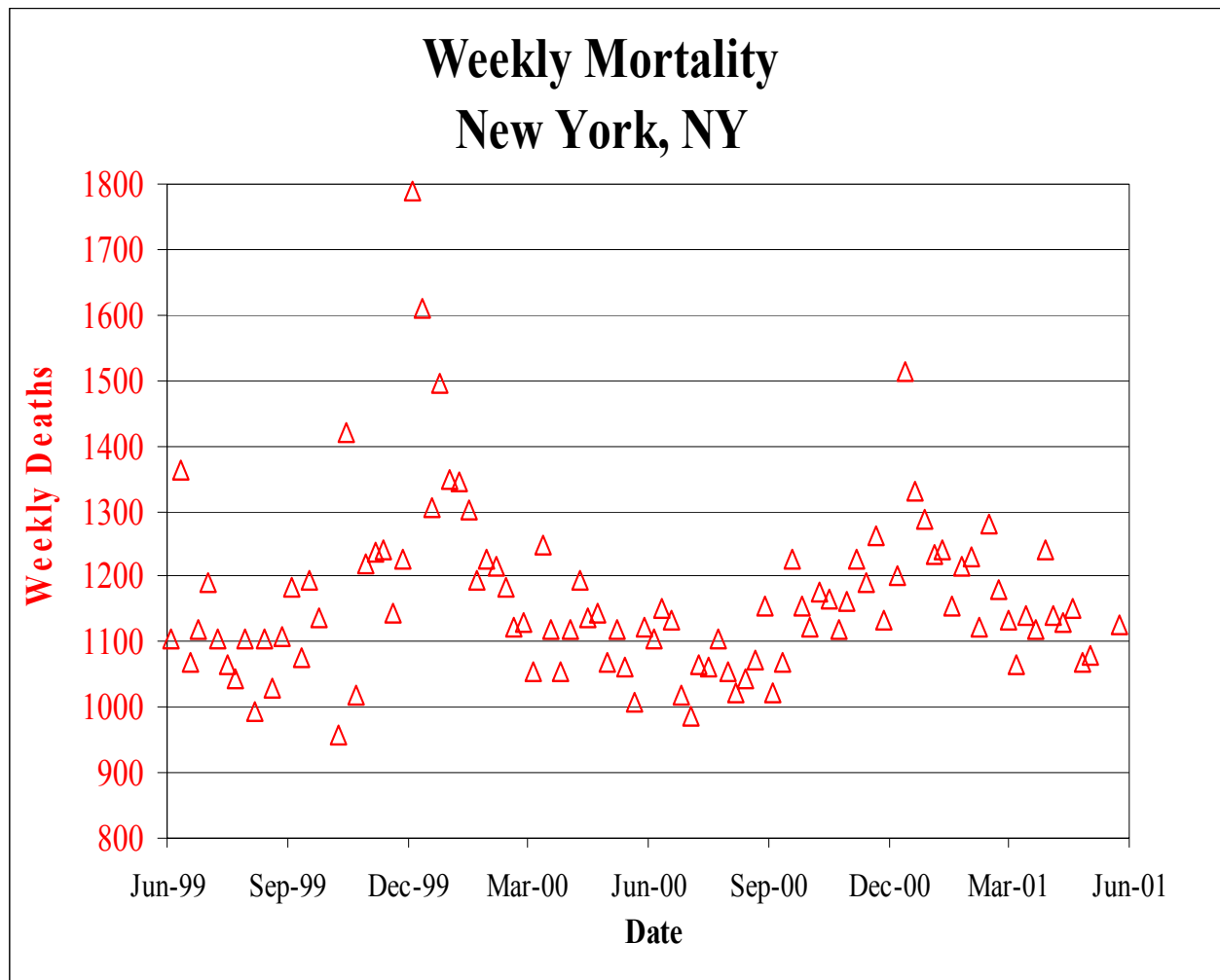
0.065 mg/m³
Daily PM_{2.5} NAAQS

0.015 mg/m³
Annual PM_{2.5} NAAQS

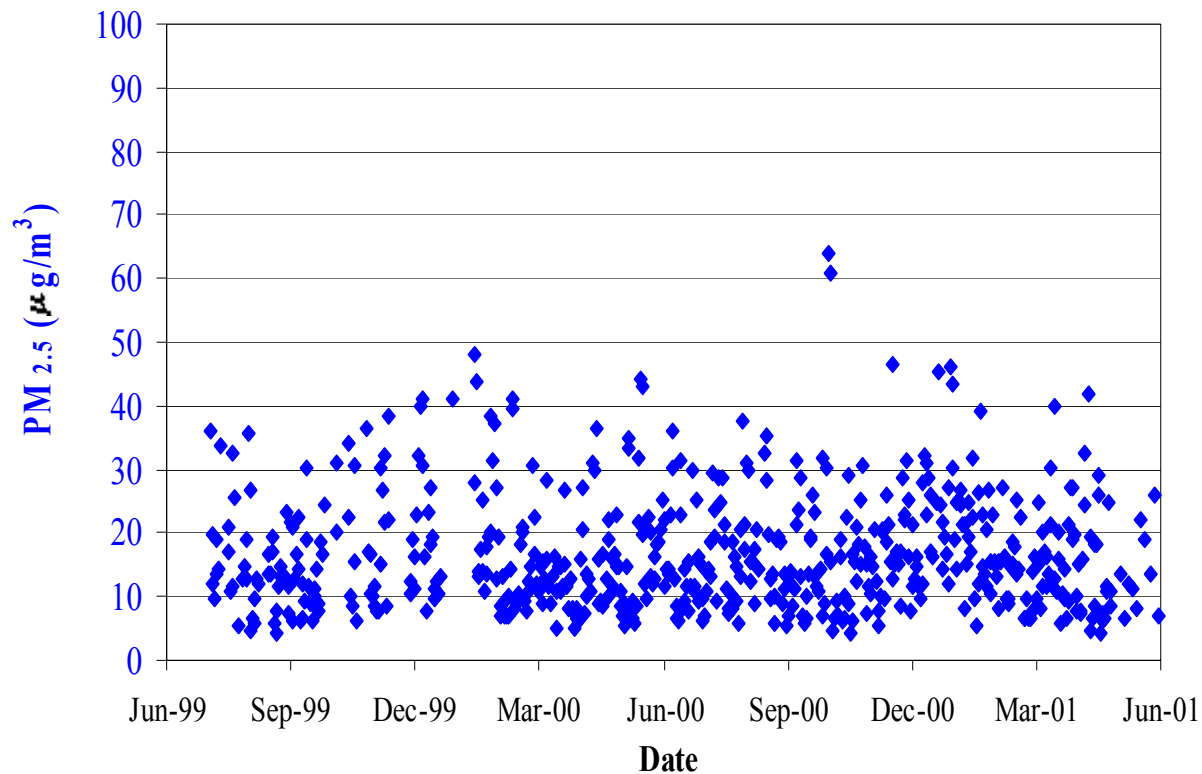
Correlations between daily mortality and the air quality were very clear. “Smoke” and SO₂ *per se* unlikely to have been causal agents.

Meteorological inversion and fog trapped thousands of pollutants, gaseous and otherwise, from motor vehicles, factories, and some 1,000,000 domestic stoves inefficiently burning poor quality soft coal.

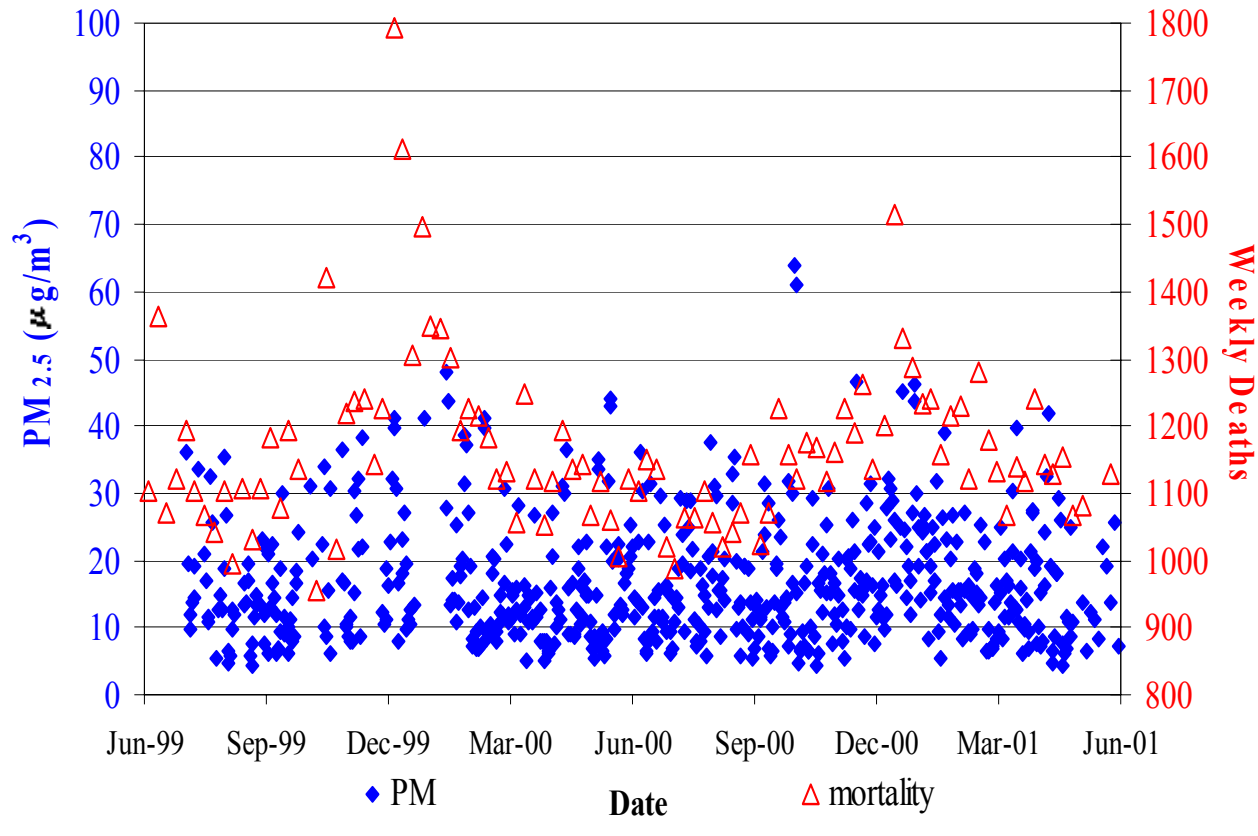
Air quality there and then is no model for air quality in U.S. today.



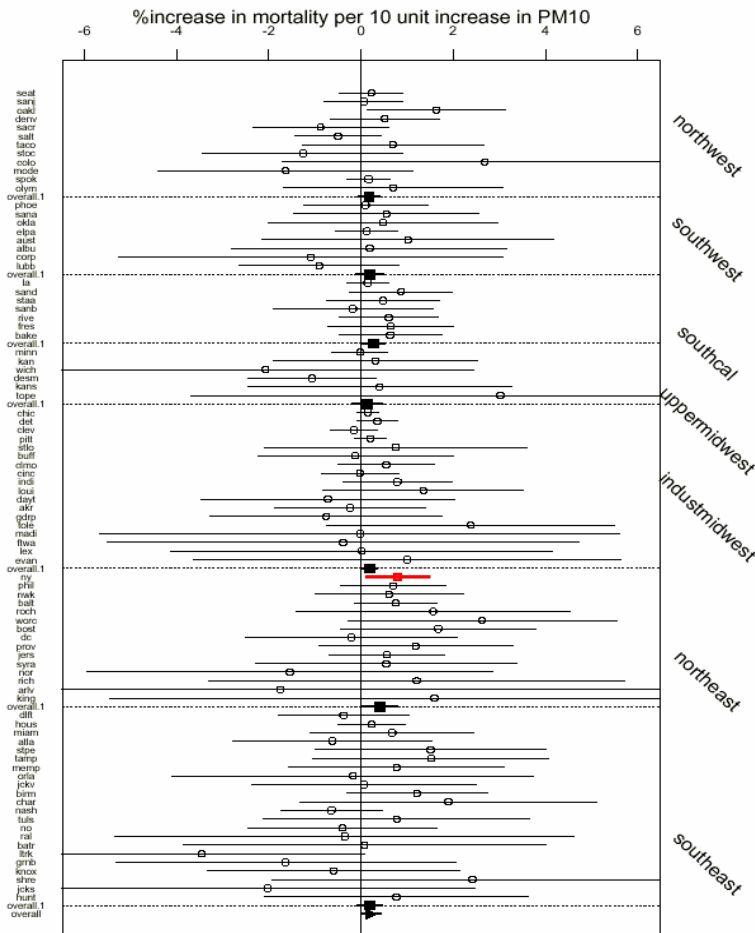
Daily PM_{2.5} New York, NY



Daily PM_{2.5} and Weekly Mortality New York, NY



The National Morbidity, Mortality, and Air Pollution Study (NMMAPS)



- NMMAPS is the most extensive recent analysis of daily PM levels and mortality rates.
- The figure shows the “most likely estimate” and 95% confidence interval of the % increase in mortality per 10 $\mu\text{g}/\text{m}^3$ increase in PM_{10} (May 2002 update).
- New York City (in red) is one of only two cities with a statistically positive result.
- Estimates of effect this close to null, combined with problems of residual confounding, preclude causal interpretation.

Epidemiologically, there is nothing special about PM_{2.5}

Pollutant	Mean concentration	Increase in all-cause mortality, per conc. change = mean	95% confidence interval
NO ₂	24 ppb	2.8%	2.1%-3.5%
PM ₁₀	31.3 µg/m ³	2.0%	1.5%-2.4%
PM _{2.5}	18.3 µg/m ³	2.0%	1.2%-2.7%
CO	1.1 ppm	1.7%	1.2%-2.2%
O ₃	31.2 ppb (daily max)	1.6%	1.1%-2.0%
SO ₂	9.4 ppb	0.9%	0.7%-1.2%

Stieb *et al.*, 2002, *J. Air Waste Manag. Assoc.* 52(4):470-84.

Pollutant	Average ambient concentration	Acutely lethal concentrations	
		LC ₁₀	LC ₅₀
NO ₂	24 ppb	200,000 ppb [human] 65,000 ppb [dog]	1,000,000 ppb [mouse] 315,000 ppb [rabbit] 88,000 ppb [rat] 30,000 ppb [guinea pig]
PM ₁₀	31.3 µg/m ³	not established	not established
PM _{2.5}	18.3 µg/m ³	not established	not established
CO	1.1 ppm	4,000 ppm [human; dog]	5,700 ppm [guinea pig] 2,400 ppm [mouse] 1,800 ppm [rat]
O ₃	31.2 ppb (daily max)	50,000 ppb [human]	36,000 ppb [rabbit] 34,500 ppb [cat] 24,800 ppb [guinea pig] 12,600 ppb [mouse] 10,500 ppb [hamster]
SO ₂	9.4 ppb	1,000,000 ppb [human; guinea pig]	3,000,000 ppb [mouse] 2,520,000 ppb [rat]

Inhaled sulfate is remarkably nontoxic

1. Most bronchodilator medications used to *treat* asthma (such as albuterol) are supplied as *sulfate salts*.
2. Each puff from inhaler = 20 μg of sulfate.
3. Since a person breathes 0.002 m^3 of air with each puff, this provides 10,000 $\mu\text{g}/\text{m}^3$ sulfate. This is not known or believed to cause harm.
4. Ambient levels $\approx 5 - 10 \mu\text{g}/\text{m}^3$ sulfate.